Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING. 01 B. WING	05/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 5-26-2015. Records indicate this facility was either first licensed or submitted for licensure on 6-1-1987, for 94 beds. A capacity increase was either submitted or approved in 1996, increasing the total capacity to 115 beds, including 42 Special Care Beds. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Section 409.1(c) Institutional Occupancy.	C 000	CONSTRUCTION SECTION JUL 27 2015 RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent fire alarm inspection report was dated more than a year ago. NFPA 72 requires fire alarm systems to be inspected and tested annually. Failure to perform required inpections and testing could result in a fire alarm system not performing correctly in an actual emergency. Finding includes; The last fire alarm inspection report was dated 4-3-2014.	C 111	→ Copy of San. & fire Safety Reports were emailed to you.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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C 150	Continued From page 1	C 150		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, access to an exit path from the dining area exit door and the exit door at the right end of the building, both in the Special Care Unit, is through the Special Care courtyard. The courtyard is not large enough to provide an area of refuge so staff and residents would need to continue through the courtyard to the exit gate from the courtyard. The exit gate swings in toward the courtyard and could easily become obstructed from opening and delay or prevent an evacuation in an emergency.	C 150	7-2-15 - Door/gate was reversed and now opens to parking lot.	
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide guardrails at a porch. Failure to provide required guardrails presents a fall hazard to the residents. Findings include; The porch at the front entrance to the building	C 152		

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C 152	Continued From page 2 ranges from 3 to 6 inches above grade and no guardrail is provided. 2. Based on observation, the guardrail provided on the ramp at the right front end of the building was loosely mounted to the ramp.	C 152	#1 6-1-15 - dirt was filled in around porch to bring it up to porch level. #2 New screweds applied 6-1-15 and tightened.	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, there was a 4 inch sewer cleanout projecting up about 4 inches above the sidewalk exterior to the required exit from A Wing. Projections above sidewalks present a significant trip and fall hazard. 2. Based on observation, there was a small trench, several inches deep on both sides of the sidewalk to the front door of the building. A trench adjacent to the sidewalk presents a fall hazard.	C 160	#1 Sewer cleanout was cut off to ground level on 6-1-15. #Small trench was filled in w/ dirt on 6-1-15	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and	C 166		

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C 166	Continued From page 3 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, some sprinkler heads are not being maintained in a safe manner. Failure to maintain sprinkler heads could delay activation in an actual fire. Findings include; a. There was an accumulation of lint on the sprinkler heads (2) in the Solarium. b. There was an accumulation of lint on the sprinkler heads (2) in the corridor nearest the nurse station in Special Care. 2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166 #1(a&b)	* Sprinkle heads were cleaned on 6-1-15 → Still working on #2, ordering a new sink.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner because of a Special Care exit not properly secured. Finding includes; The exit gate from the courtyard in the Special Care Unit was equipped with a magnetic lock to prevent elopement. However, the gate opened when a small force of approximately 20 pounds was applied. 2. Based on observation, the facility was not maintained in a safe manner because of an exit sign not working. Exit signs not working could delay an evacuation in an emergency. Finding includes; The exit sign at the right end of the building was not illuminated. 3. Based on observation, the cross-corridor fire doors near the Administrator's office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, one door failed to latch closed. Fire doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. 4. Based on observation, many corridor doors are prevented from closing quickly and latching or are otherwise unable resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire and smoke that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The corridor door to the Solarium was wedged open.	C 189 →	#1 7-2-15 new maglock installed CONSTRUCTION SECTION JUL 27 2015 RECEIVED #2 Exit Sign replaced on 6-16-15 #3 top of door was filed down and sped up on closing 6-1-15 #4a - Wedge was removed on 5-27-15	

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C 189	Continued From page 5 b. The corridor door to room 13 would not latch when closed. c. The corridor door to room 44 would not latch when closed. d. The corridor door to the Activity room in Special Care would not latch when closed. e. There were holes where equipment had been removed through the smoke barrier doors near room 43. f. There was a gap of about ½ inch between the cross-corridor smoke doors near room 20 and no astragal was provided. g. There was a gap of about ¾ inch between the cross-corridor smoke doors near the Administrator's office and no astragal was provided. 5. Based on observation, some battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include; a. The emergency light in the Activity closet in Special Care would not work. b. The emergency light in the corridor near room 5 would not work. 6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed cable penetrations in the office off the Activity room, b. Hole in ceiling by base of exit sign near the Director of Nursing office,	C 189	#b- 6-1-15 - door to room #13 was adjusted. #c 6-1-15 - door to room #44 was adjusted. #d 6-3-15 door to activity room was adjusted #e Holes were filled + repaired 6-1-15 #f Astragal was installed 7-27-15 #g Astragal was installed 7-27-15 5(a) 6-16-15 battery was replaced (b) 6-1-15 battery was replaced. 6(a) 6-16-15 - cable penetrations were fire caulked. (b) 6-16-15 - hole in ceiling by base of exit sign filled	

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C 189	Continued From page 6 c. Unsealed cable penetration in the attic smoke barrier wall above room 19, d. Fire caulking falling off cable penetrations in attic smoke barrier walls on both sides of Dining room, e. Gypsum compound and tape falling off attic smoke barrier walls on both sides of Dining room, f. Hole at a PVC condiut in the attic smoke barrier walls on the left side of Dining room, g. Holes in attic range hood shaft, h. Residential foam used to seal holes through the attic fire wall near room 13, i. Unsealed conduit sleeves through the attic fire wall near room 13, j. Opening above the corridor through the bottom of the fire wall near room 13, k. Hole in wall in Riser room at left end of facility, l. Unsealed cable penetrations in corridor ceiling in several places where WiFi is being installed, m. Gaps around ceiling patch in laundry on B Hall, n. Unsealed cable penetration in ceiling of mechanical room in Special Care. o. Holes above an 8 foot light fixture hanging down on one end in the kitchen. p. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations. i. Activity room ii. Beauty Parlor 7. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. A portable medical oxygen cylinder was stored in no container in the med room on B Hall.	C 189	(c) - 6-1-15 cable penetrations fire caulked (d) 6-1-15 fire caulked (e) 6-1-15 - N - mudded all joints. (f) 6-1-15 - fire caulked (g) 6-8-15 - Holes repaired + fire caulked (h) 6-1-15 - fire caulked (i) 6-1-15 fire caulked (j) - Working w/ Construction Co. Still not completed (k) 6-1-15 - fire caulked (l) 6-1-15 fire caulked (m) 6-1-15 fire caulked (n) 6-1-15 fire caulked (o) 6-1-15 Repaired light (p)(i) - sprinkler company to fixed - Still waiting for them to fix. - ~~Nov 2015~~ CAP 8-11-2-1 (ii) 6-8-15 - sprinkler fixed 7(a) - 6-1-15 - company to bring metal storage container.	

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STATE FORM 9999 E9P121 If continuation sheet 7 of 8

Waiting on Wilson's Carter to figure out how to fix they have been out to inspect

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C 169	Continued From page 7 b. A portable medical oxygen cylinder was stored in no container in room 6. c. Several portable medical oxygen cylinders were stored in unapproved beverage crates or in no container at all in the Special Care Unit. 8. Based on a review of documents, the range hood suppression system in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The range hood suppression system had not had the monthly inspections done this year. 9. Based on observation, the GFCI type receptacle in the common bathroom in Special Care would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. 10. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: a. The toilet was loosely mounted to the floor in the bath off room 49. b. The toilet was loosely mounted to the floor in the common area bath near room 18.	C 169	(b) O_2 cylinder placed in container 6-1-15 (c) 6-1-15 - Company told to replace w/ metal #8 - inspected + signed on monthly basis #9 6-1-15 - GFCI receptacle was repaired #10 "a" - toilet was tightened on 6-1-15 "b" 7-7-15 - toilet was removed, seal replaced + tightened	